Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I  |  |   |                                      |                      |   |                                      |        | SMALL ENTITY        |                        |         | OTHER THAN          |                        |
|---|--|---|--------------------------------------|----------------------|---|--------------------------------------|--------|---------------------|------------------------|---------|---------------------|------------------------|
|   |  |   | (Column 1)                           |                      | (Column 2)                                |                                      | 7      | TYPE                |                        | OR      | SMALL ENTITY        |                        |
| TOTAL CLAIMS  |  |   |                                      |                      |   |                                      |        | RATE                | FEE                    |         | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                         |                      | NUMBER EXTRA                              |                                      |        | BASIC FEE           | 355.00                 | OR      | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | <b>3</b> minus 20= *                 |                      |   |                                      |        | X\$ 9=              |                        | OR      | X\$18=              | 198                    |
| INDEPENDENT CLAIMS  |  |   | # minus 3 = *                        |                      |   |                                      |        | X40=                |                        | OR      | X80=                | 86                     |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                                | RESENT<br>                           |                      |   |                                      |        | +135=               |                        | OR      | +270=               |                        |
| * If  | the difference                                 | in column 1 is                              | ess than zero, enter "0" in column 2 |                      |   |                                      | i      | TOTAL               |                        | OR      | TOTAL               | 988                    |
| CLAIMS AS AMENDED - PART II   |  |   |                                      |                      |   |                                      |        |                     |                        |         |                     | THAN                   |
|   |  |   |                                      |                      |   | (Column 3)                           |        | SMALL               |                        | OR      | SMALL               |                        |
| AMENDMENT A   | 556  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                      | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR              | PRESENT<br>EXTRA                     |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDM   | Total  | . 30  | Minus                                |                      | 3/,                                       | =                                    |        | X\$ 9=              |                        | OR      | X\$18=              |                        |
| AME   | Independent                                    | NTATION OF M                                | Minus                                | *** 8                | T CLAIM                                   | =                                    |        | X40=                |                        | OR      | X80=                |                        |
| <u> </u>  | LINO! LHESE                                    | INTATION OF M                               | OLIPLE DEI                           | CNDEN                | - CLAIN                                   |                                      | 1      | +135=               |                        | OR-     | +270=               |                        |
|   |  |   |                                      |                      |   |                                      |        | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
|   |  |   | ADDII. I'CE                          | ,                    |   |                                      |        |                     |                        |         |                     |                        |
| AMENDMENT B   | ,  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                      | HIG<br>NUM<br>PREV   | IMN 2)<br>HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA                     |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                | **                   |   | =                                    |        | X\$ 9=              |                        | OR      | X\$18=              |                        |
|   | Independent                                    | *   | Minus                                | ***                  | T OL 4114                                 | =                                    |        | X40=                |                        | OR      | X80=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                      |   |                                      |        | +135=               |                        | OR      | +270=               |                        |
|   |  |   |                                      |                      |   |                                      |        | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                  |                                      |                      | ımn 2) _                                  | (Column 3)                           |        | ADDIT. I LET        |                        | -       |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                      | NUA<br>PREV          | HEST<br>MBER<br>IOUSLY<br>D FOR           | PRESENT<br>EXTRA                     |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | .*  | Minus                                | **                   |   | =                                    | ┨┃     | X\$ 9=              |                        | OR      | X\$18=              |                        |
|   | Independent                                    | •   | Minus                                | ***                  | IT 61 -11 -                               | -                                    | ┨┨     | X40=                |                        | OR      | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                      |   |                                      |        | +135=               |                        | 1       | +270=               |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> </ul> |  |   |                                      |                      |   |                                      |        | +135=<br>TOTAL      |                        | OR      | TOTAL               |                        |
| **  | If the "Highest Nu<br>If the "Highest Nu       | mber Previously P<br>mber Previously F      | aid For" IN THE                      | IS SPACE<br>IS SPACE | is less that is less that                 | an 20, enter "20<br>an 3, enter "3." |        | ADDIT. FEE          | -                      | OR      | ADDIT. FEE          |                        |
|   | The "Highest Nun                               | nber Previously Pa                          | aid For" (Total o                    | r Indepen            | dent) is the                              | e highest numb                       | er fou | und in the app      | propriate bo           | x in co | olumn 1.            |                        |